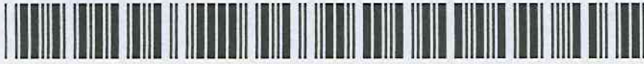

BON SECOURS
RICHMOND HEALTH SYSTEM
Bon Secours Richmond Health System

- ☐ Memorial Regional Medical Center
- ☐ Richmond Community Hospital
- ☐ St. Francis Medical Center
- ☐ St. Mary's Hospital
- ☐ Bon Secours Health Source
- ☐ Reynolds Crossing Imaging Center
- ☐ Midlothian Imaging Center
- ☐ Watkins Imaging Center

Place patient label inside box (if no patient label, complete below)

Name: ______________________

DOB: ______________________

MR #: ______________________

Weight: __________ **Height:** __________

Referring Physician: ______________________

MRI HISTORY AND SCREENING SHEET

The following items can interfere with the images and some may be hazardous to your safety. Please indicate if you have any of the following:

Item	Yes	No
Brain surgery (of any kind)	☐	☐
Intracranial Pressure bolt	☐	☐
Aneurysm surgery	☐	☐
Have you ever, in your lifetime, worked around metal or performed metal grinding or welding (including auto body work)?	☐	☐
Any eye injuries involving metal	☐	☐
Ear or eye surgery	☐	☐
Body piercing	☐	☐
Hearing aids	☐	☐
Any removable dental work	☐	☐
Permanent eye liner or tattoos	☐	☐
Seizures or epilepsy	☐	☐
Spinal or ventricular shunt	☐	☐
Neurostimulators (TENS unit), Spinal cord stimulator	☐	☐
Vascular access port	☐	☐
Greenfield filter, inferior vena cava filter	☐	☐
Intravascular coil, filter, stent	☐	☐
Implanted cardiac defibrillator	☐	☐
Internal electrodes including pacing/stimulator wires	☐	☐
Cardiac pacemaker	☐	☐
Heart valve replacement	☐	☐
Heart bypass surgery	☐	☐
Renal (kidney) or liver disease	☐	☐

Please list any surgeries that you have had:

____

____

____

____

Please list any allergies or reactions you have to any medications, latex, or adhesives:

____

____

Item	Yes	No
Breast implant/tissue expander	☐	☐
Pregnant, suspected pregnancy or breast feeding	☐	☐
IUD, diaphragm or pessary	☐	☐
Radiation seeds (e.g. cancer pt)	☐	☐
Penile prosthesis or other type of prosthesis	☐	☐
History of being wounded by bullets, shrapnel, etc.	☐	☐
Ingested camera pill for endoscopy or endoscopic clips	☐	☐
Surgical staples, clips or metallic sutures	☐	☐
Metal plates, pins, screws, wires or mesh implants	☐	☐
Joint replacement	☐	☐
Any type of electronic, mechanical, or magnetic implant.	☐	☐
Any type of implant held in place by a magnet	☐	☐
Have you ever taken the medication Feraheme (Ferumoxytol)	☐	☐
Medication patch	☐	☐
Implanted medication pumps	☐	☐
Insulin/infusion pump	☐	☐
Antimicrobial wound or burn dressing	☐	☐
Are you claustrophobic? (afraid of small places)	☐	☐
Respiratory problems	☐	☐
Prior history of chemotherapy, radiation therapy or cancer	☐	☐
Hypertension (high blood pressure)	☐	☐
Blood disorders including diabetes or anemia	☐	☐
Have you ever had an MRI before?	☐	☐

INPATIENTS ONLY: SEND MAR WITH PATIENTS	Yes	No
Endotracheal tube	☐	☐
Swan-Ganz Catheter	☐	☐
Extraventricular device	☐	☐
Arterial line transducer	☐	☐
Foley catheter with temperature sensor and/or metal clamp	☐	☐
Rectal probe	☐	☐
Esophageal probe	☐	☐
Tracheotomy tube	☐	☐
Guidewires	☐	☐
I.V. continuous drips	☐	☐
MAR on Chart	☐	☐
Screening sheet faxed to MRI	☐	☐

BON SECOURS
RICHMOND HEALTH SYSTEM
Bon Secours Richmond Health System

Place patient label inside box (if no patient label, complete below)

Name: ____________________

DOB: ____________________

MR #: ____________________

MRI HISTORY AND SCREENING SHEET (cont.)

Reason for today's test: (Please indicate any symptoms you have and the exact location of any pain/numbness)

____

____

PREVIOUS STUDIES YOU HAVE HAD RELATED TO TODAY'S PROBLEM:

Body Part/Type of Exam	Where performed	Date

MR-Gadolinium Contrast Media Information

Gadolinium is the key component of the contrast material most often given for Magnetic Resonance Exams. The intravenous use of Gadolinium improves image quality of the MRI and makes certain diseases easier to diagnose. Gadolinium is less likely to cause an allergic reaction, than the iodine based contrast given for computed tomography exams. Very rarely, patients are allergic to the Gadolinium based contrast materials and may experience hives, itchy eyes or skin, or nausea. These types of reactions are usually mild and are easily controlled with medications. It is extremely rare to have a severe reaction to Gadolinium.

Patients with kidney disease could experience a condition called Nephrogenic Systemic Fibrosis (NSF), which is a thickening of the skin and other organs. Although this is a rare complication, NSF can be life threatening. Gadolinium, typically is not given to those patients with severe kidney disease, although there may be rare exceptions at the discretion of the patient's physician. After your procedure has been completed, we recommend that you increase your fluid intake to help flush the contrast from your body.

The potential risks and benefits of Gadolinium have been explained to me. I understand that I may ask to speak with a physician before signing this form. My questions have been answered to my satisfaction.

I, ____________________, (printed name) agree to receive Gadolinium for my procedure if deemed necessary by my physician or the radiologist. I also attest that all of the information on this form is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MRI procedure that I am about to undergo. I understand that possible injury could result if I withhold vital information.

Person completing form: ☐ Patient ☐ Relative:__________ ☐ Nurse ☐ MRI Tech ☐ Other:__________

Print Name:__________ Signature:__________ Date:__________ Time:__________

This form will be scanned into your medical records

TO BE COMPLETED IN MRI

All information was reviewed by: ☐ MRI Tech ☐ MRI Nurse ☐ Radiologist ☐ Other__________

Print Name:__________ Signature:__________ Date:__________ Time:__________

Scanning Technologist: ____________________

Personal belongings removed____________________ ☐ Returned

Print Name:__________ Signature:__________ Date:__________ Time:__________